

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2012

through

M M M / D D D / Y Y Y Y Y Y
02 29 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 15 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 02 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 02 / 29 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	345203.06	
(c) Total Receipts (from Line 19)	31786.10	55030.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	376989.16	392396.67
7. Total Disbursements (from Line 31)	22152.22	37559.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354836.94	354836.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	2

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

28281.01

44779.35

(ii) Unitemized

3451.66

9276.89

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

31732.67

54056.24

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

31732.67

54056.24

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

53.43

974.24

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

31786.10

55030.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

31786.10

55030.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	602.22	979.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	602.22	979.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	36000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	550.00	580.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	550.00	580.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22152.22	37559.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22152.22	37559.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31732.67	54056.24
34. Total Contribution Refunds (from Line 28(d))	550.00	580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31182.67	53476.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	602.22	979.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	53.43	974.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	548.79	5.49

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amended to reflect incorrectly entered donation to FamMedPAC

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan M Anderson MD

Mailing Address 223 N 7Th Ave

City

Canistota

State

SD

Zip Code

57012-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : C1604055

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jerome W Bentz MD

Mailing Address PO Box 873

City

Platte

State

SD

Zip Code

57369-0873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Platte Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : C1599154

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kevin M Bernstein MD

Mailing Address 8021 Sapphire Blvd

City

Pensacola

State

FL

Zip Code

32506-8391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Pensacola

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : C1603899

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy S Biggs MD

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : C1600351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wesley Gene Bradford MD

Mailing Address 5122 Oconto Ave

City

Rancho Palos Verdes

State

CA

Zip Code

90275-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2012

Transaction ID : C1602807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tonya Elrod Bradley MD

Mailing Address 1505 Malone Ct

City

Auburn

State

AL

Zip Code

36830-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auburn Pediatric and Adult Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2012

Transaction ID : C1599083

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa B Brown MD

Mailing Address 1041 Montgomery St
PO Box 808

City State Zip Code
Custer SD 57730-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : C1604061

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jennifer L Brull MD

Mailing Address PO Box 147
3000 US HWY 183

City State Zip Code
Plainville KS 67663-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2012

Transaction ID : C1599271

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Noel Denis Chicoine MD

Mailing Address 1005 E Erskine St

City State Zip Code
Pierre SD 57501-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : C1604049

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin J Christensen MD

Mailing Address 818 W Havens Ave

City State Zip Code
 Mitchell SD 57301-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mitchell Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : C1604056

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Deborah S Clements MD

Mailing Address 10529 Walmer St

City State Zip Code
 Overland Park KS 66212-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012

Transaction ID : C1601590

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard L Corson MD

Mailing Address 5 Arlene Ct

City State Zip Code
 Hillsborough NJ 08844-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 25 / 2012

Transaction ID : C1604329

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 Ne 10Th St

City State Zip Code
 Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012

Transaction ID : C1606128

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

B. Thomas M Dean MD

Mailing Address PO Box 335
 409 W. 10th Street

City State Zip Code
 Wessington Springs SD 57382-0335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : C1604059

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Colette Ann Ducheneaux MD

Mailing Address 2705 Us Highway 12

City State Zip Code
 Mobridge SD 57601-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mobridge Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2012

Transaction ID : C1604047

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1198.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 36
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heidi Miller Duncan MD

Mailing Address 2711 Gregory Dr N

City State Zip Code
 Billings MT 59102-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Deaconess Billings Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 16 2012

Transaction ID : C1601594

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tricia C Elliott MD

Mailing Address 2214 Hazard St

City State Zip Code
 Houston TX 77019-6514

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kelsey-Seybold Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 16 2012

Transaction ID : C1601592

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas Edwin Evans MD

Mailing Address 305 Silver Pine Pl

City State Zip Code
 Seneca SC 29672-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AnMed Health

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2012

Transaction ID : C1597386

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
 York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : C1615506

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Michael O Fleming MD

Mailing Address 556 Dunmoreland Dr

City State Zip Code
 Shreveport LA 71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 15 / 2012

Transaction ID : C1606127

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Roland Adolph Goertz MD

Mailing Address 1600 Providence Dr

City State Zip Code
 Waco TX 76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012

Transaction ID : C1595585

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Edward Grady MD

Mailing Address 220 Tillicum Dr

City

Silverton

State

OR

Zip Code

97381-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael Grady

Occupation

family physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : C1605972

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ravi P Grivois-Shah MD

Mailing Address 522 N Euclid Ave

City

Oak Park

State

IL

Zip Code

60302-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cook County Health & Hospitals System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2012

Transaction ID : C1599188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bob Arvid Grubbs MD

Mailing Address 9817 Farmington Rd

City

Tuscaloosa

State

AL

Zip Code

35405-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Family Practice P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : C1593945

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clare Arnot Hawkins MD

Mailing Address 4301 Garth Rd Ste 400

City

State

Zip Code

Baytown

TX

77521-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

San Jacinto Methodist Hospital

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 11 / 2012

Transaction ID : C1599281

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel J Heinemann MD

Mailing Address PO BOX 5039

City

State

Zip Code

Sioux Falls

SD

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sioux Valley Health Systems

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 18 / 2012

Transaction ID : C1606129

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address PO BOX 5039

City

State

Zip Code

Sioux Falls

SD

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sioux Valley Health Systems

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 23 / 2012

Transaction ID : C1604064

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

765.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Wayne Higgins MD

Mailing Address 1555 Hillside Dr

City

Spearfish

State

SD

Zip Code

57783-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2012

Transaction ID : C1600406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Price Houston MD

Mailing Address 4867 Calloway Ct

LSU School of Public Health

City

Dublin

State

OH

Zip Code

43017-8605

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSU School of Public Health

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 16 / 2012

Transaction ID : C1601591

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Doyle Eugene Johnson MD

Mailing Address 11648 Caminito Corriente

City

San Diego

State

CA

Zip Code

92128-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Branch Medical Clinic Naval Base

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Boyd Jones MD

Mailing Address 510 W Cedar Rd

City

Chamberlain

State

SD

Zip Code

57325-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2012

Transaction ID : C1604241

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Vincent D Keenan CAE

Mailing Address Exec Vice President - IL AFP
4756 Main St

City

Lisle

State

IL

Zip Code

60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Academy of Family Physicians

Occupation

Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : C1599448

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Earl D Kemp MD

Mailing Address PO Box 887

City

Brandon

State

SD

Zip Code

57005-0887

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Family Medicine

Occupation

Physician/Residency Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : C1600205

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Darrel King MD

Mailing Address 270 E Court Ave
Ste B

City State Zip Code
Selmer TN 38375-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : C1602335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Don R Klitgaard MD

Mailing Address 1305 Onyx Dr

City State Zip Code
Harlan IA 51537-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Myrtue Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : C1602382

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Harry Clifton Knight MD

Mailing Address 10310 Middlebrook Ct

City State Zip Code
Mc Cordsville IN 46055-9616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Network

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2012

Transaction ID : C1599198

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

781.67

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura C Knobel MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2012

Transaction ID : C1602381

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Bruce M Le Clair MD

Mailing Address 5088 Windmill Lake Dr

City

Evans

State

GA

Zip Code

30809-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicl College of Georgia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2012

Transaction ID : C1601595

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James Joseph Ledwith MD

Mailing Address 14 Flynn Rd

City

Franklin

State

MA

Zip Code

02038-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Massachusetts Medical Sc

Occupation

Residency Director / Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2012

Transaction ID : C1601765

Amount of Each Receipt this Period

500.00

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1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenric Dana Malmberg MD

Mailing Address 1309 10Th Ave W

City

Mobridge

State

SD

Zip Code

57601-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

02 / 23 / 2012

Transaction ID : C1604060

Amount of Each Receipt this Period

366.00

Full Name (Last, First, Middle Initial)

B. Michael R McLeod MD

Mailing Address 1109 E Broadway St

City

Cuero

State

TX

Zip Code

77954-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkside Family Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 07 / 2012

Transaction ID : C1595800

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Terry Lee Mills MD

Mailing Address 720 Medical Center Dr

City

Newton

State

KS

Zip Code

67114-8778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2012

Transaction ID : C1599196

Amount of Each Receipt this Period

500.00

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1466.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1602856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sarah Catherine Nosal MD

Mailing Address 40 E 9th St
Apt 4J

City

New York

State

NY

Zip Code

10003-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Institute for Family Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2012

Transaction ID : C1599270

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Yvette Oquendo Md Oquendo MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chase Brexton Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : C1592859

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angelo N Patsalis MD

Mailing Address 36237 6 Mile Rd

City

Livonia

State

MI

Zip Code

48152-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Senior Staff Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 23 / 2012

Transaction ID : C1604214

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Marc D Price Price

Mailing Address 2388 Route 9
Ste 200

City

Mechanicville

State

NY

Zip Code

12118-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2012

Transaction ID : C1599189

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Daniel H Reiffenberger MD

Mailing Address 4100 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 23 / 2012

Transaction ID : C1604220

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert E Reneker MD

Mailing Address 2652 Gullmont Dr SW

City
Wyoming

State Zip Code
MI 49418-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary's/Advantage Health Medical Gro

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2012

Transaction ID : C1601597

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City
Northfield

State Zip Code
MA 01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2012

Transaction ID : C1602383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City
Northfield

State Zip Code
MA 01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2012

Transaction ID : C1602384

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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915.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

02 / 19 / 2012

Transaction ID : C1617058

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brooke Maura Sciuto MD

Mailing Address 5630 Los Pueblos Way

City

Sacramento

State

CA

Zip Code

95835-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2012

Transaction ID : C1599280

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Katy M Sheridan MD

Mailing Address PO Box 4136

245 Binkley St., Ste 203

City

Soldotna

State

AK

Zip Code

99669-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 23 / 2012

Transaction ID : C1604044

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel R Spogen MD

Mailing Address Brigham Building MS 316

City State Zip Code
 Reno NV 89557-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Nevada

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 02 / 11 / 2012

Transaction ID : C1599273

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Glen R Stream MD

Mailing Address 1708 S Martin St

City State Zip Code
 Spokane WA 99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rockwood Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
 02 / 03 / 2012

Transaction ID : C1595584

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Michelle A Turner MD

Mailing Address PO Box 287
 2903 N Broadway Ave

City State Zip Code
 Miller SD 57362-0287

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
 02 / 23 / 2012

Transaction ID : C1604051

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2012

Transaction ID : C1602797

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jason Wickersham MD

Mailing Address 401 W Glynn Dr

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St Benedict

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 07 / 2012

Transaction ID : C1597378

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Julie Kristin Wood MD

Mailing Address 5305 NE Rainbow Cir

City

Lees Summit

State

MO

Zip Code

64064-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2012

Transaction ID : C1602810

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent Brent Wright MD

Mailing Address 104 Northwood Dr

City

Glasgow

State

KY

Zip Code

42141-8078

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : C1592858

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Paul Victor Zimmer MD

Mailing Address 2000 Ridge Cir

City

Kodiak

State

AK

Zip Code

99615-7234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health System Alaska

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : C1592861

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

28281.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

974.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : C1600268

Amount of Each Receipt this Period

53.43

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53.43

53.43

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

3.25

State: District:

Category/
Type

11.86

State: District:

Category/
Type

11.38

State: District:

26.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 13 2012

Transaction ID : D125369

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 14 2012

Transaction ID : D125370

Amount of Each Disbursement this Period

35.75

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 15 2012

Transaction ID : D125371

Amount of Each Disbursement this Period

31.36

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.97

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

23.21

Category/
Type

16.25

MM / DD / YYYY

Category/
Type

3.25

42.71

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

0.98

Category/
Type

Age Group	Number of people
13-17	1.25
18-24	1.25
25-34	1.25
35-44	1.25
45-54	1.25
55-64	1.25
65-74	1.25
75-84	1.25
85+	1.25
Total	16.25

Category/
Type

13.16

30.39

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Country	Vaccination Rate (%)
United States	78
Israel	60
France	58
Germany	57
Spain	55
Italy	53
Canada	52
South Korea	51
Japan	49
Taiwan	48
China	47
India	45
Brazil	43
Mexico	42
Russia	41
Argentina	40
Australia	39
New Zealand	38
Singapore	37
Hong Kong	36
South Africa	35
Thailand	34
Malaysia	33
Philippines	32
Indonesia	31
Vietnam	30
Laos	29
Cambodia	28
Myanmar	27
Bangladesh	26
Pakistan	25
Nigeria	24
Kenya	23
Ethiopia	22
Egypt	21
Saudi Arabia	20
Turkey	19
Iran	18
Iraq	17
Afghanistan	16.25

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Age Group	Number of people
13-17	1
18-24	2
25-34	3
35-44	4
45-54	5
55-64	6
65-74	7.95
75-84	8
85+	9

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

399.46

423.66

602.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type**Transaction ID : D125113**

Amount of Each Disbursement this Period

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. JESSE JACKSON JR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Mailing Address P.O. Box 490286

City	State	Zip Code
Chicago	IL	60649

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jesse L. Jackson Jr.Category/
Type**Transaction ID : D125111**

Amount of Each Disbursement this Period

1500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: IL District: 02

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Lois CappsCategory/
Type**Transaction ID : D125112**

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2012	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CA District: 23

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN	State CT	Zip Code 06511
-------------------	-------------	-------------------

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Rosa DeLauroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Transaction ID : D125109

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE

Mailing Address ONE GATEWAY CENTER SUITE 520

City NEWARK	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Robert MenendezOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Transaction ID : D125110

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

21000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City	State	Zip Code
Northfield	MA	01360-9684

Purpose of Disbursement
Refund of PAC donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2012

Transaction ID : D126575

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City	State	Zip Code
Northfield	MA	01360-9684

Purpose of Disbursement
Refund of PAC donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2012

Transaction ID : D126576

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

550.00
